

# Editorial

## Welcome to Journal of Rehabilitation Medicine

*New name:* The Scandinavian Journal of Rehabilitation Medicine has now changed its name to *Journal of Rehabilitation Medicine*, the present issue being the first one with this new name. The **Scandinavian Journal of Rehabilitation Medicine** was founded in 1969 initially as a forum for Scandinavian research in rehabilitation medicine, but has since then developed into a truly international journal with both articles and subscribers from all parts of the world. In recent years, somewhat more than half of the papers have come from outside Scandinavia, both from other European countries and from the USA, Japan, Australia, etc. There are also subscribers from all continents of the world and with a considerable proportion of the subscriptions from countries outside Europe.

*Honorary Editor:* The journal is owned by the Swedish non-profit Foundation for Rehabilitation Information. From its start, Olle Höök was the Editor-in-Chief, and in 1999 he was succeeded by Gunnar Grimby. After Olle Höök's many years with personal engagement and efforts with the journal giving the basis for a fruitful future, it is now an honour to announce that he will be the journal's Honorary Editor.

*Aim and content of the journal:* The aim of the "old" journal to be broad forum for different areas of research in the field of rehabilitation medicine will be maintained, including papers on methodology in physical medicine and rehabilitation, clinical studies in various patient groups, and reports on vocational and socio-medical aspects of rehabilitation. Among diagnostic groups, papers have been published from studies in patients with pain problems, brain injury (including stroke), neuromuscular disorders, locomotor problems and cardio-respiratory diseases. There have also been a number of reports on methodological issues, such as measurement of muscle function, biomechanics, mobility analysis, pain assessment and methods for functional assessment and outcome measure in rehabilitation.

*Priority research areas in rehabilitation:* There is in the future a great need for more evidence-based information based on clinical controlled studies, well aware of the difficulty both on ethical and practical grounds to perform such studies in rehabilitation. Current methods have to be critically analysed and new instruments developed for outcome measures. Data should be treated according to modern principles for analysis, e.g. of ordinal or ordered categorical data, as discussed in a short communication in this issue. Possible differences due to type of settings, place for treatment (e.g. home versus hospital) and cultural aspects have to be taken into account to a much larger extent to validate comparison of results from different clinical studies. Furthermore, basal biological, including development of new drugs and treatment

principles, and psychological findings would to a larger extent be transformed into clinical use. Studies which covers this area between basic and applied research are, thus, of great interest to encourage. Rehabilitation research also covers the area between medical care and social and vocational aspects of the readaptation of the person to the society and to his or her normal environment. Thus, studies with multiprofessional approach are often necessary including physicians, different rehabilitation professions, researchers from behavioural science, health economics and medical technology.

*Official journal of UEMS/EBPRM:* The change of name to *Journal of Rehabilitation Medicine* is also a consequence of the fact that the journal has been elected official journal of the Union of European Medical Specialist (UEMS) European Board of Physical and Rehabilitation Medicine (EBPRM). UEMS is the organisation of specialist physicians and surgeons who have reached the level of skills required by the EU. The EBPRM is the responsible body within the EU – including the EU candidate countries – for the guidance and co-ordination of quality development of the speciality Physical and Rehabilitation Medicine and supports national associations in this respect. This is done for instance by giving support for the development of better quality in the specialist training by means of site visits and accreditation of training centres for specialist training at EU level, by exchanges, and by organising EU specialist examinations. Specialists are continuously supported by a programme for Continuing Medical Education (CME) and guidelines for accreditation of practice. In addition, the journal will publish CME material from the European Board, as well as questions and answers with regard to specialist examinations. For the CME the official journal of EBPRM will have special responsibility by offering subscriptions at a reduced rate for EBPRM-certified specialists and European Board-recognised trainees.

*Editorial Board and International Panel:* The Editorial Board has been increased with more members from different European countries. An International Panel with non-European members is maintained and will hopefully increase successively to get broader scientific contact and valuable contributions from different parts of the world.

*Increase in volume:* The number of issues per year have been four, and will now increase to six issues per year with a bimonthly publication. The journal also publishes supplements, up till now 40 supplements, distributed free of charge to the subscribers.

*Impact factor:* It is important to note both for our readers in general and for our contributors that the impact factor published in the year 2001 and 2002 will be for the "old" journal, Scandinavian Journal of Rehabilitation Medicine, and there will be no impact factor appearing for Journal of Rehabilitation Medicine during these years.

An impact factor for Journal of Rehabilitation Medicine will according to present principles be published first in the year 2003. We hope and will work for a much read and cited journal so that the impact factor will further increase to levels above the present. The indexing of the Scandinavian Journal of Rehabilitation Medicine, as seen on the inner front page of the journal will be maintained also for the Journal of Rehabilitation Medicine.

We hope that the journal with its more than 30-year-long tradition will continue to be an international meeting

place for research in rehabilitation medicine and wish all our subscribers and readers welcome to the “old” journal with its new name, **Journal of Rehabilitation Medicine**.

Göteborg, December 2000

*Gunnar Grimby*

Editor-in-Chief

## **U.E.M.S. – EUROPEAN BOARD OF PHYSICAL AND REHABILITATION MEDICINE (P&RM)**

European medicine is “governed” by the Union of European Medical Specialists (UEMS), and each speciality has its own specialist section within it. There are 18 full member states in the UEMS which include the 15 European Union countries, Switzerland, Iceland, Norway, together with 6 associate member countries: Croatia, Cyprus, Hungary, Poland, Slovenia, and Turkey. P&RM is recognised as a full speciality in all of these countries whose population exceeds 500 million inhabitants. The speciality supports in excess of 11,000 P&RM specialists and 1,500 P&RM trainees.

Within each section of the UEMS there is a European Board that is responsible for Education and training, European examinations, CME and site visits to European Training centres.

The Executive Committee of the Board of P&RM consists of:  
*President:* Professor Jan EKHOLM, Stockholm, email: Jan.Ekholm@phys.ki.se; *Vice-President:* Professor Angela McNAMARA, Dublin, e-mail: angela.mcnamara@nrb.ie; *Secretary:* Doctor Antoine MACOUIN, Paris, e-mail: amacouin@wanadoo.fr; *Deputy Secretary:* Professor Veronika FIALKA-MOSER, Vienna, e-mail: pmr.office@akh-wien.ac.at; *Treasurer:* Doctor Martinus TERBURG, Den Haag, e-mail: mterburg@wxs.nl, *Deputy Treasurer:* Hubert BAUMGARTNER, Zurich, e-mail: bg@kws.ch.

The European Board’s Training and Education Commission is responsible for developing and maintaining the curriculum, administering the

examinations, and awarding the Board’s diploma. This Education Commission functions by setting up sub-committees to address important issues, but all decisions are taken by the whole Education Commission.

The Board of P&RM has focused in the past 8 years in the following areas:

- Producing personalised logbooks, with the curriculum enclosed. This permits comparisons to be made by the Board of the training standards operating among all the European participants.
- Administering European specialist examinations.
- Conducting site visits for accreditation.

The objectives of the European Board of P&RM are:

- Harmonisation of training throughout Europe
- Management of continuing medical education
- Dissemination of information for training programme

The European Board of P&RM will intend space in the Official Journal for presenting CME material and preparing candidates to the Board’s examination.

P&RM is a well-developed medical speciality in Europe. It has a well-organised Board which has made significant progress in a comparatively short time. This progress has been achieved by committed participation of P&RM specialists from all the European countries represented on the Board.

*November 2000*

*The Executive Committee of the P&RM Board*